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CONFIRMATION NO. 6748

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/736,051	<b>FILING OR 371(c) DATE</b> 12/13/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> PC9344BRTR
<b>APPLICANTS</b> Hua Zhu Ke, Ledyard, CT; David D. Thompson, Gales Ferry, CT;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/117,972 08/11/1998 PAT 6,323,232 which is a 371 of PCT/IB96/01462 12/23/1996 and claims benefit of 60/012,412 02/28/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 90 <b>INDEPENDENT CLAIMS</b> 20
<b>ADDRESS</b> 28523				
<b>TITLE</b> COMBINATION THERAPY FOR OSTEOPOROSIS				
<b>FILING FEE RECEIVED</b> 3850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	